

Commander's Guide for Management of the Pregnant Soldier



**Pregnant Soldier Wellness Program
Department of Preventive Medicine
Fort Bragg, North Carolina
(910) 396-7410/1280**

Managing the Pregnant Soldier - Regulatory Guide

**Department of Preventive Medicine
Womack Army Medical Center
Ft. Bragg, NC**

TABLE OF CONTENTS

<u>Topic</u>	<u>Page</u>
Officer Resignation due to Pregnancy (AR 600-8-24)	2
Enlisted Personnel Separations (AR 635-200)	5
Bar to Reenlistment Procedures (AR 601-280)	12
Maternity Uniform (AR 700-84)	13
Wear & Appearance of Maternity Uniforms (AR 670-1).....	16
Medical Services – Maternity Care (AR 40-400)	19
Assignments, Details and Transfers – Overseas Service (AR 614-30)	22
Installations – Housing Management (AR 210-50).....	24
Pregnancy-related Leave (AR 600-8-10).....	25
Pregnancy and Postpartum Physical Profiles (AR 40-501 update)	28
Physical Fitness Training (FM 21-20)	
Army Weight Control Program (AR 600-9)	35
DoD Physical Fitness and Body Fat Program (DOD Directive 1308.1)	36
DA Message: Post Partum Soldiers & Physical Fitness & Weight Control Program	37
Medical Standards for Flying Duty (AR 40-501 & APL-12).....	39
Family Care Plans (AR 600-20)	41
Family Care Counseling (DA PAM 600-8)	49
Single Parents/Guardians (Information paper) / Sample LOI for Guardians and Escorts.....	53

AR 600-8-24 (21 Jul 95)
Officer Transfers and Discharges

Section V: Task: Process Resignation Due to Pregnancy

3-11. Rules for processing resignation due pregnancy

a. An officer may tender her resignation due to pregnancy. The CG, PERSCOM, is the final approval authority.

b. When it has been determined that an officer is pregnant, she will be counseled by her immediate commander or the executive officer. The counselor will explain to the officer that the purpose of the counseling is to provide her with information concerning her rights, entitlements, and responsibilities with respect to continued AD or separation. The counselor will not influence or direct her to any particular entitlements and/or options. A statement of counseling (fig 2-2) will be signed by the counselor. This counseling is a command responsibility. A copy of the Statement of Counseling will be filed in the officer's MPRJ.

c. Normally, an officer will not tender a resignation for pregnancy until she has completed her initial service obligation incurred from the funded program under which she was commissioned. When extenuating circumstances exist, a request for an exception to policy may be submitted. However, the officer must accept an indefinite appointment in the USAR in order to complete the service obligation. The officer will be assigned to the U.S. Army Control Group (Standby). The change of status from Active Army to Reserve Components (RC) is to be accomplished without a break in service.

d. Separation instructions on approved requests will be issued by PERSCOM (TAPC-PDT-PM), to the appropriate PSC/MPD.

e. As applicable, PERSCOM (TAPC-PDT-PM), HQDA (DAJA-PT), or HQDA (DACH-PER) will return disapproved requests through channels to the officer.

f. A pregnant officer's discharge may be honorable or under honorable conditions. A DD Form 256A or DD Form 257A discharge certificate will be furnished, based on the officer's military record.

3-12. Steps for processing resignation due to pregnancy

The steps required for processing resignation due to pregnancy are as shown in table 3-4.

Table 3–4
Resignation due to pregnancy

Step	Work center	Required action
1	SLDR	<p>Informs her commander that she is pregnant and is thinking of resigning. Provides supporting medical documentation.</p>
2	SACT BN S–1 C& S	<p>On confirmation of an officer’s pregnancy, she will be advised of the following rights and responsibilities:-</p> <ul style="list-style-type: none"> a. Option to remain on AD or to request separation. b. Entitlement to maternity care even if separated (AR 40–3). c. Provisions for leave and absence during and after pregnancy (AR 600–8–10). d. Provisions for maternity clothing. e. Policy governing availability for worldwide assignment (AR 614–30). f. Local policies governing entitlements to Government family quarters and BAS, to include when and how she would be eligible. g. Policies governing assignment overseas (AR 614–30). If accompanied by dependent(s), requirement to make suitable arrangements for the unaccompanied evacuation of the dependents(s) in an emergency situation (for example, mobilization). h. On PCS, the Government will pay for the child’s transportation only when — <ul style="list-style-type: none"> (1) Traveling to, from, or between OCONUS permanent station when the officer serves or has been approved to serve a “with dependents” tour and her child is command sponsored. (2) Traveling to an OCONUS station, the officer must have approval of the OCONUS commander for concurrent travel of the child. i. Availability of legal assistance counseling concerning paternity laws governing child support, passports, visa requirements, and birth registration for OCONUS, if applicable. j. If she remains on AD, the necessity of careful planning for her child’s care without sacrifice of her military responsibilities. She must consider the following: <ul style="list-style-type: none"> (1) Who will care for the child during duty hours, alerts, field duty, and roster duty. Consideration should be given to the cost of child care. (2) Plans for housing, access to duty, transportation arrangements and availability of telephone. (3) Consideration of financial obligations that will accrue for child care, housing, transportation, and other emergency needs and how these obligations will be met. k. Provisions for submission of a dependent care statement of counseling on the birth of the child, if applicable. (An officer with less

		<p>than 3 years service.)</p> <p>1. Provisions authorizing separation of an officer whose substandard performance of duty is not solely attributable to the condition of pregnancy.</p>
3	SACT	Requests that counselor sign the pregnancy counseling statement and file it in the officer's MPRJ (fig 2-2).
4	SLDR	Submits resignation request (fig 3-3) if she so de-sires.
5	SACT BN S-1 C&S	<p>Processes the request. Ensures counseling has been accomplished (step 2). The request will be forwarded through channels to CDR, PERSCOM (TAPC-PDT-PM), or CDR ARPERCEN (ARPC-AR), 9700 PAGE BLVD, ST LOUIS MO 63132-5200, or HQDA (DAJA-PT) or HQDA (DACH-PER), as applicable. The request will include the following:</p> <ul style="list-style-type: none"> a. A brief synopsis of the counseling session. b. Date officer reported on current tour of AD; type, effective date, and date of termination of current AD commitment. c. Whether officer is occupying a key position and if a replacement is required. d. Whether medical board or PEB proceedings are pending or appropriate. e. Whether the officer is currently undergoing a course of instruction that upon completion or termination, will result in an ADSO. Specify course title, beginning and closing dates, and service obligation incurred. f. Whether responsible for public property or funds. g. Recommendation for approval or disapproval and type of discharge to be furnished. Include complete justification when approval is recommended and the officer has not fulfilled a service requirement. Also include justification for disapprovals. h. Statement that the officer is not under investigation or charges, awaiting result of trial, being considered for administrative elimination, AWOL, or in the hands of civil authorities. i. Date officer departed CONUS or other area of residence for OCONUS assignment. Date of arrival OCONUS of dependents—whether at Government or personal expense—whether logistical support was furnished and the rotation date, if applicable.
6	SACT	Upon receipt of separation instructions, processes (TP/TA) officer for separation. Final orders and forms will cite regulatory authority and SPD as shown in AR 635-5-1.

AR 635-200 (1 Nov 00)
Personnel Separations – Enlisted Personnel

Chapter 5: Separation for Convenience of the Government
Section III: Other Convenience of the Government Separation Policies

5–8. Involuntary separation due to parenthood

a. Soldiers will be considered for involuntary separation when parental obligations interfere with fulfillment of military responsibilities. (See AR 600–20, chapter 5, concerning soldiers' responsibilities for care of family members as related to military responsibilities.) Specific reasons for separation because of parenthood include—

- (1) Inability to perform prescribed duties satisfactorily.
- (2) Repeated absenteeism.
- (3) Repeated tardiness.
- (4) Inability to participate in field training exercises or perform special duties such as CQ and staff duty noncom-missioned officer (NCO).
- (5) Non-availability for worldwide assignment or deployment according to the needs of the Army.

b. Separation processing may not be initiated under this paragraph until the soldier has been adequately counseled concerning deficiencies and has been afforded the opportunity to overcome them. (See para 1–16 and AR 600–20.)

c. The notification procedure (see chap 2, sec I) will be used for separation under this paragraph.

d. For characterization of service or description of separation, see paragraph 5–1.

e. Commanders specified in paragraph 1–19 are authorized to order separation under this paragraph. See paragraph 1–11 for additional instructions for ARNGUS and USAR soldiers. The criteria in chapter 1, section VII, will govern whether the soldier will be released from AD or ADT with transfer to the IRR, or whether he/she will be discharged.

Chapter 6: Separation Because of Dependency or Hardship

6–3. Criteria

Soldiers on active duty may be discharged or released (see para 6–10) because of genuine dependency or hardship.

a. Dependency. Dependency exists when death or disability of a member of a soldier's (or spouse's) immediate family causes that member to rely upon the soldier for principal care or support. (See para 6–5 for definition of soldier's "immediate family.")

b. Hardship. Hardship exists when in circumstances not involving death or disability of a member of the soldier's (or spouse's) immediate family, separation from the Service will materially affect the care or support of the family by alleviating undue and genuine hardship. (See para 6–5 for definition of soldier's "immediate family.")

(1) *Parenthood of married soldiers.* A married soldier who becomes a parent by birth, adoption, or marriage (stepparent) and whose child (or children) is less than 18 years of age and resides within the household, may apply for separation under hardship. The soldier must submit

evidence (see para 6–7b(5)) that the roles of parent and soldier are incompatible and that the soldier cannot fulfill his/her military obligation without neglecting the child or children.

(2) *Sole parents.* Soldiers who are sole parents and whose children are under 18 years of age and reside within the household, may apply for separation under hardship. A “sole parent” is defined as a parent who is single by reason of never having been married, or who is divorced or legally separated and has been awarded child custody by judicial decree or court order, or who is a widow/widower.

(3) *Intent.* It is not the intent of the Army’s policy regarding married soldiers who are parents or soldiers who become sole parents, to arbitrarily allow the separation of an enlisted woman who remained in the Service during her pregnancy and then requested release immediately after receiving the medical and monetary benefits related to prenatal and postnatal absence and delivery.

(4) *Supporting evidence.* Supporting evidence will be provided as per paragraph 6–7b(5). Paragraph 6–7b(5) minimizes the supporting evidence for these two policies. However, soldiers must meet the application criteria in paragraph 6–4 in addition to the requirement that there be unexpected circumstances beyond the soldier’s control justifying separation. An example of unexpected circumstances beyond the soldier’s control is the birth of a child with a serious birth defect requiring constant care. Inability to obtain an approved dependent care plan does not qualify the soldier for separation under this provision.

Chapter 8: Separation of Enlisted Women - Pregnancy

Section I: General

8–1. Policy

This chapter establishes policy and procedures and provides authority for voluntary separation of enlisted women because of pregnancy. This chapter applies to all Active Army enlisted women and ARNGUS and USAR enlisted women ordered to AD, except for ARNGUS and USAR soldiers found to be pregnant upon entry on IADT, to whom paragraph 5–11 applies.

8–2. Separation authority

Commanders specified in paragraph 1–19 are authorized to order separation per this chapter.

8–3. Characterization or description of service

- a. If the soldier is still in entry-level status, her service will be uncharacterized.
- b. If the soldier is beyond entry-level status, her service will be characterized as honorable or under honorable conditions per chapter 3, section II.
- c. Prior to characterization as under honorable conditions, the soldier will be advised of the specific factors in the service record that warrant such a characterization, and the notification procedure will be used.

8–4. Type of separation

The criteria in chapter 1, section VII, will govern whether the soldier will be released from AD with transfer to the IRR, or discharged. (See para 1–11 for additional instructions on ARNGUS and USAR personnel.)

8-5. Responsibility of the unit commander

a. The unit commander will direct an enlisted woman who believes that she is pregnant, or whose physical condition indicates that she might be pregnant, to report for diagnosis by a physician at the servicing Armed Forces medical treatment facility.

b. When service medical authorities determine that an enlisted woman is pregnant, she will be counseled and assisted as required by chapter 8, section II.

8-6. Medical examination and diagnosis

a. Examination for pregnancy will be conducted as a complete medical examination. Standard Forms 88 and 93 will be used. If the soldier is found to be pregnant, no additional medical examination is required before separation if medical examination is accomplished per AR 40-501, chapter 8, section III, and there is no change in the enlisted woman's medical condition other than her pregnancy.

b. The pregnancy diagnosis will be certified in writing by a physician on duty at an Armed Forces medical treatment facility as soon as possible. (This does not prevent observation of the enlisted woman for a reasonable period of time to ensure that the diagnosis is correct.) In accomplishing the diagnosis, the physician may use biological or other tests for pregnancy (without cost to the patient). The certificate will be sent to the separation authority as an enclosure to the request for separation if the enlisted woman applies for separation.

c. When pregnancy is the only medical condition upon which separation is based, separation will be accomplished without a medical or physical evaluation board. If there are medical conditions that disqualify the enlisted woman for retention, processing will be accomplished per AR 40-3 and AR 635-40.

8-7. Line-of-duty determination

A line-of-duty determination is not required for pregnancy.

8-8. Conditions affecting separation for pregnancy

a. Separation will not be accomplished within an overseas command unless the enlisted woman's home is located there.

b. If an enlisted woman believes that she is pregnant while en route overseas, commanders of Military Personnel Transportation Assistance Offices will process her per AR 614-30, chapter 3.

c. If during the processing for separation under another chapter or regulation an enlisted woman is found to be pregnant, she will not be separated under this chapter. Separation will be accomplished per the chapter or regulation under which separation processing was initiated. In such cases, a notation of pregnancy will be made on Standard Form 88.

d. An enlisted woman under investigation, court-martial charges, or sentence of court-martial who is certified by a physician on duty at an Armed Forces medical treatment facility to be pregnant may be separated under this chapter. However, she must have the written consent of the commander exercising general courts-martial jurisdiction over the enlisted woman.

e. Except as provided in paragraph 8-8f, it is not the intent of the pregnancy separation policy that enlisted women be separated under this chapter when the pregnancy terminates before separation is accomplished. A medical officer must verify the fact of pregnancy termination.

f. In circumstances of an abnormal pregnancy, when a soldier carries a pregnancy for 16 weeks or more but then has an abortion, miscarriage, or an immature or premature delivery before separation is accomplished, the soldier will have the option to be retained or to be separated per this chapter. The duration of time she carried the pregnancy is defined as starting approximately at conception and ending when the products of conception are delivered or considered disappeared. A medical officer must verify the duration of the pregnancy. The soldier will be counseled concerning her options. If she chooses to separate, the separation authority may set the separation date. The soldier's decision will be recorded as a signed statement and included in the records.

g. An enlisted woman who elects to remain on AD when counseled (see para 8–9) may, if she is still pregnant, subsequently request separation. The separation authority must separate the soldier but may set the separation date. The subsequent request must comply with guidance in paragraph 8–9*a*.

h. An enlisted woman who requests separation in writing may subsequently request withdrawal of the separation request. Based upon the circumstances of the case and the best interest of the Army, the separation authority will determine, in writing, if the soldier will be separated, as previously requested, or retained.

Section II – Pregnancy Counseling

8–9. General

If an enlisted woman is pregnant, she will be counseled by the unit commander using the pregnancy counseling checklist. (See fig 8–1 and app B.) The unit commander will explain that the purpose of the counseling is to provide information concerning options, entitlements, and responsibilities and that the soldier may—

a. Upon request, be separated per this chapter. She may request a specific separation date; however, the separation authority and her military physician will determine the separation date. The date must not be later than 30 days before the expected date of delivery or the latest date her military physician will authorize her to travel to her home of record or entry on duty destination, whichever is earlier. The separation authority will approve the request according to this chapter.

b. Remain on active duty.

8–10. Statement of counseling

a. Figure 8–2, part one, will be signed by the soldier after counseling.

b. The soldier will be granted at least 7 days to consider the options available. She will indicate her election by completing part two of the Statement of Counseling.

c. Copies of the completed Statement of Counseling and the pregnancy counseling checklist will be filed in the MPRJ as an action pending document.

AR 601-280 (31 Mar 99)
Personnel Procurement

Chapter 8 - Bar to Reenlistment Procedures

8-4. Criteria

Commanders must be especially alert to the question of whether to afford continued military service to soldiers of the following or similar calibers:

c. Single soldiers/dual-service couples with dependent family members. Commanders will initiate a Bar to Reenlistment against soldiers described below who have been counseled per AR 600-20, chapter 5, and who do not have on file within 2 months after counseling, an approved family member care plan as described in AR 600-20, chapter 5. Soldiers described below who have assignment instructions to an overseas assignment will have Bars to Reenlistment initiated if they are unable to provide names of guardians who will care for their family members in CONUS in the event of evacuation from overseas. The balance of the family care plan is completed after arrival in the overseas command.

- (1) Single soldiers are soldiers who-
 - (a) are single,
 - (b) are widowed,
 - (c) are divorced,
 - (d) are legally separated,
 - (e) are residing without their spouses,
 - (f) have spouses who are incapable of self-care; and who have custody of one or more minor family members or one or more adult family members unable to care for themselves (who, for example, are handicapped or infirm).
- (2) Dual service couples include married Army couples and soldiers who have military spouses from another service.

d. Soldiers against whom a Bar to Reenlistment may be initiated. Soldiers may be barred from reenlistment for one or a combination of the below listed infractions or reasons. This listing provides examples of the rationale for the imposition of a bar and is not intended to be all-inclusive. Examples are-

- ...
- (14) Failure to manage personal, marital, or family affairs. This includes failure to respond to duty requirements because of parenthood or custody of dependents (minor or adult).

AR 700-84 (4 Nov96)
Issue and Sale of Personal Clothing

CHAPTER 4-9. Maternity uniform

a. The maternity uniform shirt and AG skirt, slacks and tunic, listed in CTA 50-900, is authorized for wear when the soldier's condition becomes obvious in a regularly fitted uniform. The maternity uniform must be maintained for 3 years. If at least 3 years have lapsed since the authorization for the maternity uniform, a new authorization may be approved. AG maternity uniforms are not in the supply system, therefore soldiers should procure these uniforms from an AAFES facility. The camouflage and white maternity uniforms are organizational items and should be requested in accordance with DA Pam 710-2-1 procedures.

b. Upon receipt of certification by a doctor that the enlisted soldier is pregnant, the unit commander will review the leave and earnings statement to ensure that the soldier has not received a maternity uniform within the previous 3 year period. The unit commander will verify the current uniform price with the AAFES facility, and then prepare five copies of SF 1034 for payment of supplemental maternity clothing allowance with the following statement: "Payment of supplemental clothing allowance authorized by AR 700-84, chapter 4, for maternity uniforms."

c. Unit commanders will perform the following:

(1) Active Army. Cite MPA (P-1118) funds to be charged for payment of this allowance and sign the proper block on SF 1034 before sending the soldier to the servicing FAO. The soldier will take the SF 1034, along with the attached doctor's certificate, to the FAO to receive the necessary cash allowance. The soldier must purchase maternity uniforms within 30 days of receipt of the cash allowance. If for any reason uniforms are not purchased within this time frame, approval must be obtained from the unit commander for an extension.

(2) USAR. Same as (1) above except USAR funds (RPA (P---)) will be cited. Additionally, if FAO is not located within a reasonable distance, the SF 1034 may be mailed to the FAO. In addition, mail order procedures outlined in paragraph 3-12a and b may be used when the AAFES facility is not located close to the soldier.

(a) The USAR unit commander will determine which maternity uniform will be worn by the soldier. After determination has been made (Class A, camouflage or hospital white), procurement procedures will be initiated.

(b) Soldiers will be informed of the 3-year retention requirement by initiating and signing a memorandum to the fact. The memorandum, with copies of SF 1034 and sales slip attached, if appropriate, will be filed in the soldier's personal clothing record file.

(c) The uniform is subject to inspection during annual showdown inspections conducted during the 3-year retention period.

(3) ARNG. Same as (2) above except that the SF 1034 must be forwarded through the USPFO for citing of NGPA funds prior to being mailed or carried to the FAO.

d. The soldier will sign all copies of SF 1034 acknowledging receipt of funds and these copies will be distributed as follows:

(1) The servicing FAO retains the original, with the attached doctor's certificate, and two copies for distribution in accordance with AR 37-107, chapter 5.

(2) One copy is retained by the soldier.

e. As an option, USPFOs are authorized to use imprest funds to purchase maternity uniforms from AAFES stores. Purchases can be made in person by a USPFO representative or by using AAFES mail order procedures. Cash from the imprest fund will be converted to a cashier's check or money order for the amount of purchase and sent with the mail order request. The cost of the cashier check or money order will be paid using the imprest fund. Imprest fund procedures should only be used when other alternatives are not available or are deemed impractical by the USPFO.

f. The soldier will present maternity uniforms and sales receipt to the unit commander to show that uniforms were purchased.

g. Maternity uniforms may not be returned to AMCSS for a cash refund.

SUPPLY UPDATE 14 (SAMPLE ORDER)

DEPARTMENT OF THE ARMY
ALPHA COMPANY, WOMACK ARMY MEDICAL CENTER
FORT BRAGG, NORTH CAROLINA 28307

MCXM-BBB

26 JUNE 98

MEMORANDUM FOR CIF FORT BRAGG NORTH CAROLINA 28307

SUBJECT: REQUEST FOR MATERNITY BDU'S

1. Request that PFC Doe, Jane SSN-123-45-1234, receive the authorized issue of Camouflage Maternity Uniform from the Central Issue Facility IAW DA PAM 710-2-1 and DA PAM 10-8-1.

ITEM DESCRIPTION	UI	QTY	<u>UNIT</u> PRICE	<u>TOTAL</u> PRICE
Coat, Maternity Camouflage	EA	2	\$32.05	\$64.10
Slacks, Maternity Camouflage	EA	2	\$11.05	\$22.10

2. Fund C

3. POC for this action is the undersigned @ 555-5555.

JOHN C. DOE
CPT, MS
Commanding

AR 670-1 (1 Sep 92)
Uniforms and Insignia -- Wear and Appearance of Army Uniforms and Insignia

Chapter 4: Maternity Work Uniform

4-1. Authorization for wear

The Army maternity work uniform is authorized for year-round on-duty wear by pregnant soldiers when prescribed for wear by the commander.

4-2. Composition and classification

d. *Classification.* The maternity work uniform is an organizationally issued utility and field uniform.

4-5. General guidelines

a. This uniform is designed to be loose fitting and alterations to make the uniform form fitting are not authorized. A tight fit reduces air flow needed for ventilation and cooling. The coat will be worn outside the trousers. No belt *will* be worn with this uniform. The trousers will be worn bloused using the draw cords or blousing rubbers if the trousers are not tucked into the boots. Trouser legs will not be wrapped so tight around the leg so as to present a pegged appearance. The maternity work uniform is authorized to be pressed but not starched. The commander may require these uniforms to be pressed for special occasions when appearance should be sharp such as parades, reviews, inspections, or other ceremonial occasions. When sleeves are rolled up, the camouflage pattern will remain exposed. The sleeves will be rolled neatly above the elbow but no more than 3 inches above the elbow. Soldiers may wear the black leather shell gloves with utility uniforms without cold weather outer garments provided sleeves are rolled down and are over the tops of the gloves.

Chapter 8: Hospital Duty and Maternity Uniforms - Female

8-2. Composition and classification

b. (1) *Dress, maternity, white.* The dress will be of any plain, unadorned commercial design, white, easy care, durable press and soil release material with wing collars suitable for placement of rank and branch insignia as prescribed.

b. (3) *Slacks and tunic, maternity, white.* The slacks and tunic will be of any plain, unadorned commercial design; white; easy care, durable press, and soil release material with wing collars suitable for placement of rank and branch insignia as prescribed. Fabric content must comply with National Fire Protection Association standard. Any closure method may be used, but it must not cause safety hazards or degradation of appearance.

Chapter 10: Food Service and Maternity Uniforms - Female

10-2. Composition and classification

- b. (1) (c) *Dress, maternity, white.* (See para 8-2b(1).
- b. (1) (d) *Slacks and tunic, maternity, white.* (See para 8-2b(3).

10-5. General guidelines

d. The issuance of the food service maternity uniform to female personnel in CW 94 will have no bearing on the issuance of the Army green maternity service uniform (chapter 16) or the maternity work uniform (chapter 4).

Chapter 16: Green Maternity Service Uniform

16-1. Authorization for wear

The Army green maternity uniform is authorized for year-round wear by pregnant soldiers when prescribed for wear by CTA 50-900, AR 700-84, and the commander as a service or dress uniform.

16-3. Classification

The Army green maternity service uniform is provided as a supplemental issue uniform to enlisted female personnel according to CTA 50-900 and AR 700-84. The Army green maternity uniform is also classified as an optional dress uniform for all female personnel during pregnancy.

16-4. Occasions for wear

a. The Army green maternity service uniform (class A) and authorized variations (class B) may be worn by all pregnant soldiers when on or off duty or during travel. These uniforms are also acceptable for formal and informal social functions after retreat. Appropriate civilian maternity attire may be worn in lieu of the uniform for social functions.

- b. The Army green maternity dress uniform is authorized for wear by pregnant soldier
 - (1) At social functions of a private or official nature either before or after retreat.
 - (2) As designated by the host.

16-12. General guidelines

a. The Army green maternity uniform is intended for wear during most on-duty or utility occasions and for travel and off-duty purposes. While both the class A and B uniforms are authorized for year-round wear, the appropriate uniform is worn based on weather conditions, duties, and the formality of the occasion. When a specific service uniform is not prescribed for formations or other occasions when uniformity in appearance is required, soldiers may wear the class A or any of the variations of the class B uniform with the accessories authorized for these uniforms. Awards and decorations which cannot be worn properly because of size or configuration will not be worn on the AG 415 shirt. Commanders will not require the wear of optional items such as cardigan sweaters unless such items are provided to the soldier without cost. This uniform is worn with the maternity shirt left out with both the skirt and slacks with or without the maternity tunic. The black all weather coat may be worn unbuttoned if necessary.

b. Shoulder loops have been approved for the maternity shirts and will be incorporated in future productions. Personnel have an option to modify the present maternity shirt using the modification kit obtained from the military clothing sales store until stocks are exhausted. The addition of shoulder loops is optional. The cost of purchasing the kit and modifying the shirt will be borne by the soldier.

Wear-out and Mandatory Possession Date Clothing Items

Subject: [R] WEAR-OUT AND MANDATORY POSSESSION DATE CLOTHING ITEMS

Author: EAMCTCC at MEDCEN3_EAMC **Date:** 1/15/98 3:44 PM

FM DA WASHINGTON DC // DAPE-HR-PR //

A. AR 670-1, WEAR AND APPEARANCE OF ARMY UNIFORMS AND INSIGNIA, I SEPTEMBER 1992, APPENDIX D. I. The purpose of this message is to provide information on the phase-in/out plan of some Army uniform items,. This message also provides wear policy for some new Army uniform items.

PAGE 07 RUEADWD8699 UNCLAS

1. The Army recently modified the maternity uniform ensemble to improve appearance, fit, and comfort. The ensemble consists of one long/ two short sleeve shirts, one tunic, two slacks, and two skirts. The new maternity ensemble will be in the AMCSS in Feb 98. The anticipated cost is \$202.60. The current maternity ensemble uniforms will be issued until stocks are exhausted. The maternity uniform ensemble is a supplemental issued item, and a cash allowance is currently provided. Effective 1 October 1997, the supplemental issue of the maternity uniform will be made to enlisted personnel on a DA Form 3078, personnel clothing request. Payment of cash allowance to allow soldiers to purchase the ensemble is no longer authorized after 30 September 1997. Soldiers will take the completed DA Form 3078 to the Army Military Clothing Sales Store (AMCSS) for the issue. Soldiers will continue to be required to maintain her ensemble for three year period. Unit supply will complete DA Form 3078 IAW current instruction and maintain a copy in unit or local files. Officers are required to purchase their maternity uniform ensemble from the Army Military Clothing Sales Stores. The new procedures will be included in the next revision to AR 700-84. BT

AR 40-400 (12 Mar 2001)
Medical Services – Patient Administration

Chapter 2: Patient Policies

2–8. Maternity care for active duty members

Army soldiers who become pregnant while on AD and who remain on AD are authorized maternity care in Uniformed Services MTFs. They are also authorized maternity care from civilian sources as described in a and b below.

a. Physical limitations of pregnant soldiers. A pregnant soldier will continue to perform duties, limited by physical profile as outlined in AR 40-501. If the member remains at her duty station, maternity care will be provided at the MTF serving the station if obstetrics and gynecology (OB/GYN) services are available and the member resides and works within 50 miles of the MTF. Active duty members (ADMs) who reside and work more than 50 miles from an MTF are required to enroll in the TRICARE Prime Remote Program (TPRP). As a general rule, pregnancy care for soldiers enrolled in TPRP will be provided locally by a TRICARE-authorized civilian provider. Upon discharge from the hospital following delivery and when medically indicated, the member may, upon recommendation of the attending physician, be granted convalescent leave per AR 600-8-10.

b. Maternity care while in a leave status. A pregnant soldier may elect to take leave and deliver in the vicinity of her leave address. When such leave is contemplated, the member will be counseled by the leave approving authority and local MTF PCM about requirements for obtaining maternity care from civilian sources. If the member's leave address is within 50 miles of an MTF that offers OB/GYN services, maternity care will be provided at the MTF.

c. Existed prior to service (EPTS) pregnancy-RC members. An RC member who is pregnant at the time of entry on active duty for training (ADT) for a period of 30 days or less is authorized only emergency care for that pregnancy.

2–17. Family planning services

a. Family planning services (for example, counseling, prescription of oral contraceptive pills, and prescription of other methods of contraception) may be furnished to eligible persons requesting such care at Army MTFs. They will be provided to the extent that professional capabilities and facilities permit. When capability is limited or absent, referral to other agencies at no expense to the Government may be arranged through the MTF social work service.

b. Surgical sterilization may be performed in Army MTFs subject to the availability of space and facilities and the capabilities of the medical staff. Prior written consent will be obtained from the patient. (See para 2-12.) Also see paragraph 2-12 for special consideration relative to sterilization in the case of mental incompetents.

2–18. Abortions

a. Abortions may be performed in Army MTFs at Government expense only when the life of the mother would be endangered if the fetus were carried to term.

b. Eligible beneficiaries may obtain abortions in overseas Army MTFs on a prepaid basis only if the pregnancy is the result of rape or incest. Prepaid abortions for rape and incest are not available in stateside Army MTFs. Charges for prepaid abortions for all beneficiaries, including AD soldiers, will be based on the established full reimbursement rate for same-day surgery for the particular category of patient. The laws of the host nation apply when performing abortions under this paragraph.

c. Abortions for other than AD soldiers will be subject to the availability of space and facilities and the capabilities of the professional staff. Abortion procedures are also subject to the priorities listed in paragraph 2-3. Written consent of the patient is required before the procedure. Consent of unemancipated minors will be obtained according to paragraph 2-12. After an abortion, any restrictions or limitations needed for AD soldiers will be determined by the proper medical authority under AR 40-501, chapter 7.

d. Medical care in Army MTFs as authorized by paragraph 3-39 for former soldiers who are pregnant at the time of separation may include abortions as authorized in *a* and *b* above. Follow up and initial family planning counseling may also be furnished if indicated. Transportation for such care will be at the former soldier's expense.

e. Aeromedical transportation may be provided on a prepaid basis (that is, the patient pays the cost of the service in advance) to eligible beneficiaries for abortions or abortion consultation services under the following conditions.

(1) For OCONUS sites, intratheater aeromedical transportation is authorized for AD soldiers and other beneficiaries in overseas areas who do not qualify for abortions at Government expense when there is a lack of access to acceptable civilian health care facilities for abortion or abortion consultation due to cost, unavailability of transportation, or cultural and language barriers. In these cases, the abortion or abortion consultation services may be performed at the nearest capable MTF on a prepaid basis.

(2) In CONUS, aeromedical transportation is authorized for AD soldiers who do not qualify for abortions at Government expense if they require professional abortion consultation which is not available locally.

f. Army Medical Department (AMEDD) personnel do not have to perform or take part in procedures authorized by this paragraph that violate their moral or religious principles. Moral or religious objections will be considered as lack of capability to provide this care.

g. When an Army MTF does not have the space, facilities, or staff capability to perform authorized sterilization and abortion services, arrangements should be made to provide these procedures as follows.

(1) Eligible beneficiaries may be transferred to another MTF where these services can be provided. Enrolled beneficiaries may obtain these services under provisions of the TRICARE Program.

(2) AD soldiers may be transferred to another MTF where these services can be provided. They may also obtain these procedures from civilian sources under provisions of chapter 9 only when competent medical authority has determined that the procedure is required for urgent medical reasons. Elective care for AD soldiers from civilian sources at Government expense is prohibited.

3-39. Maternity care for former members of the Armed Forces

a. General. Except as provided in e below, former members of the Armed Forces separated with service characterized as honorable or general (under honorable conditions), or described as uncharacterized, who are shown by an examination given at an Armed Forces MTF to have been pregnant at the time of separation are authorized maternity care in MTFs for that pregnancy as specified below. Such care is limited to MTFs having OB/GYN capability. Care in civilian facilities is not authorized at Government expense except when necessary to augment treatment provided at the MTF. This care is provided in the same manner as care for AD soldiers within the MTFs area of responsibility to include providing care under MCS contracts. The term “maternity care” as used here includes prenatal care, hospitalization, and delivery. Newborns will be charged the full reimbursable rate from the time of birth. (See para 3-12c.) (This provision does not apply to RC members who are completing a period of authorized training except when they have served at least one year of continuous extended AD and meet other requirements of this para.) The provisions of this paragraph also apply to former members of the commissioned corps of the PHS and the NOAA and their newborn infants. Charges for care applicable for AD soldiers of the commissioned corps of PHS and NOAA will apply and will be billed to PHS.

b. Application. Eligible former members requesting maternity care will apply in writing to the MTF nearest their home and present a copy of either DD Form 214 (Certificate of Release or Discharge from Active Duty), DD Form 256A (Honorable Discharge Certificate), or DD Form 257A (General Discharge Certificate (Under Honorable Conditions)). They will also present documentation of their pregnancy at the time of separation as proof of eligibility for maternity care.

c. Newborn infants. If the infant is referred to a civilian source, care is at the mother’s expense.

d. Abortions. Medical care may include abortions under the conditions outlined in paragraph 2-18.

e. EPTS pregnancies. The provisions of this paragraph do not apply to members who are determined by medical authorities to have been pregnant on the date of entrance on AD or any type of authorized duty.

AR 614-30 (25 September 1998)
Assignments, Details and Transfers – Overseas Service

3.3 Policies on outside continental United States service and tour policies

f. Pregnant soldiers are ineligible for overseas assignment unless an exception is approved by HQDA Assignment Authority. Installation commanders may approve requests for overseas movement of married pregnant soldiers who have approved joint domicile assignments to a long tour areas and medical clearances are granted.

(1) Medical confirmation, profile and commander's recommendation will be part of the request for an exception.

(2) No exceptions will be approved for soldiers assigned to dependent-restricted areas or who elect to serve "all-others" tours.

(3) Female soldiers en route overseas will be instructed that they must report to the nearest military medical facility if they suspect that they may be pregnant. If pregnancy is confirmed, the medical facility will inform the nearest PSB. The PSB will request HQDA assignment instructions.

Table 3-1. Eligibility for overseas service criteria (reassignment):

RULE 32. IF SOLDIER is pregnant THEN THE SOLDIER IS ineligible throughout pregnancy and until determined fit UNLESS soldier is granted an exception by HQDA Assignment Authority. Requests for exception with justification may be submitted, but will not be approved for travel beyond the seventh month of pregnancy.

RULE 33. IF SOLDIER is adopting a child and is a single parent or one member of a military couple AND is denied concurrent travel or selected for dependent restricted tour (includes TDY or TCS away from permanent duty station) THEN THE SOLDIER IS ineligible for 4 months from date child is placed in the home as part of the adoption process UNLESS soldier waives deferment.

RULE 34. IF SOLDIER is military mother of new born AND is denied concurrent travel or selected for dependent restricted tour (includes TDY or TCS away from permanent duty station) THEN THE SOLDIER IS ineligible until 4 months after child birth UNLESS soldier waives deferment.

Table 3-2. Eligibility for overseas service criteria (deployment):

RULE 1d. IF SOLDIER is pregnant THEN THE SOLDIER IS ineligible throughout pregnancy. Soldiers found pregnant subsequent to deployment normally are not removed from area of operations until their 7th month of gestation. However, MACOM commander may authorize sooner removal of pregnant soldiers if necessary to protect the fetus.

RULE 1e. IF SOLDIER is a mother of a new born child THEN THE SOLDIER IS ineligible until 4 months after birth UNLESS soldier waives deferment.

RULE 2. IF SOLDIER is adopting a child AND is a single parent or one member of a military couple THEN THE SOLDIER IS ineligible for 4 months from date child is placed in the home as part of the adoption process UNLESS soldier waives deferment.

5.3 Curtailment of pregnant soldiers

a. Pregnant soldiers will not be automatically reassigned or curtailed because of pregnancy; however, if a noncombatant evacuation is ordered, soldiers who have reached their seventh month of gestation will be curtailed.

b. If recommended by a physician and approved by medical authority, pregnant soldiers may be considered for curtailment at any time if necessary to receive proper prenatal and postpartum medical care.

c. Tour credit will be determined according to table 3-3.

d. Curtailed pregnant soldiers will be reported to HQDA Assignment Authorities for reassignment.

e. After termination of pregnancy and period of convalescence, the soldier may be returned to an OCONUS area if she has not been credited with a completed OCONUS tour and travel is not medically contraindicated by a postpartum physical profile.

f. OCONUS commanders may curtail unmarried or married unaccompanied pregnant soldiers in long tour areas to dates that coincide with their seventh month of pregnancy, provided there is six or less months to DEROs at the expected date of birth.

g. Any pregnant soldier may be curtailed in a short tour area (must not conflict with travel restrictions set by a medical profile officer) if-

(1) Pregnancy reaches the stage that safe return would require involuntary extension.

(2) Medically verified expected date of delivery is less than 60 days before DEROs.

h. Other than cases approved according to the subparagraph 5-3g, pregnant soldiers in short tour areas may also be returned to CONUS upon approval by HQDA Assignment Authorities. A request for curtailment must include the expected delivery date and a description of one or more of the following conditions that may exist-

(1) No vacancy for the soldier's specialty exists within the command where she can be assigned, if necessary, to receive proper prenatal and postnatal care. This includes branch or functional area or branch immaterial positions for officers; PMOS, CPMOS, SMOS, and AMOS for enlisted soldiers.

(2) No adequate medical facilities are available within the command to care for soldier during pregnancy and postnatal period. See AR 40-3, paragraph 2-25.1 and 6-2.

(3) No adequate resources (such as housing, child care, medical care, or infant food) are available to care for the child after its birth.

AR 210-50 (26 February 1999)
Installations – Housing Management

3-5. Bedroom eligibility

The following eligibility guidelines may be modified by the installation commander to meet local requirements:

e. When the sponsor or spouse is pregnant (as confirmed by medical authority) and is accompanied by other dependents, the sponsor may apply for and occupy housing with a separate bedroom for the expected child.

3-6. Assignment provisions

e. Pregnant military personnel (with no other dependents) will not be assigned to family housing until the birth of the child.

3-8. Waiting lists

c. An applicant may elect, in writing, to be placed on a waiting list for housing with one bedroom more than that for which qualified. This may be done when

(1) Sponsor or spouse is pregnant (as confirmed by medical authority) upon arrival at the installation.

e. Pregnant military personnel, otherwise without dependents, may be placed on the waiting list when pregnancy is confirmed by medical authority.

3-36. Authority to live off post

b. Installation commanders may authorize single soldiers grades E-6 and below to reside off post under the following conditions:

(2) When the soldier is pregnant.

AR 600-8-10 (1 July 94)
Personnel Absences – Leaves and Passes

Chapter 4 Chargeable Leave

Section XIV. Task: Requesting Pregnancy Home Leave

4–27. Rules to request pregnancy home leave

- a.* Pregnancy home leave is a chargeable leave (ordinary, advanced, excess) requested by a soldier to return home or another place for maternity care or the birth of a child.
- b.* The unit commander is the approval authority.
- c.* Leave granted is until expected date of delivery.
- d.* Termination of leave occurs with the onset of labor or other medical necessity.
- e.* Leave extension will be granted if delivery is late.
- f.* Travel restriction “(preventing the soldiers return to her unit)” is not a basis to terminate leave.
- g.* Attachment to another installation or facility is not authorized if the purpose is to conserve leave.

4–28. Steps to request pregnancy home leave

The steps to request pregnancy home leave are shown in table 4–14.

Chapter 5. Nonchargeable Leaves and Absences

Section II. Task: Using Convalescent Leave

5–3. Rules to use convalescent leave

- a.* Convalescent leave is a nonchargeable absence from duty granted to expedite a soldier’s return to full duty after illness, injury, or childbirth.
- b.* The hospital commander or designee is the approval authority for convalescent leave for 30 days or less (42 days after normal pregnancy and childbirth). Only hospital commanders will approve convalescent leave in excess of 42 days after childbirth when a soldier is assigned or attached to the medical holding unit (AR 40–3, para 9–2) during one continuous period of hospitalization. If the soldier is not hospitalized, unit commander is the approval authority (para 5–5).
- c.* The unit commander is the approval authority for up to 30 days convalescent leave (42 days after normal pregnancy and child-birth) for a soldier returning to duty after illness or injury (para 5–7).
- d.* The approval authorities establish procedures for granting convalescent leave.
- e.* Hospital commanders are the only approval authority for requests in excess of 30 days (or in excess of 42 days for childbirth).

5–4. Steps to use convalescent leave

The steps to use convalescent leave are shown in table 5–2.

Section III. Task: Granting Convalescent Leave to Soldiers Assigned or Attached to a Medical Treatment Facility

5–5. Rules to grant convalescent leave to soldiers assigned or attached to a medical treatment facility

- a.* The hospital commander or designee is the approval authority for convalescent leave.
- b.* See paragraphs 5–3 and 5–4 concerning convalescent leave.
- c.* Normally granted 42 days to soldier after pregnancy and childbirth.
 - (1) If soldier desires to return to duty after less than 42 days, physician must approve.
 - (2) A commander may require early return of a soldier if that soldier's absence will clearly adversely affect the readiness or operational mission of the soldier's unit. A cognizant military health authority determines that such action is medically acceptable.
- d.* Soldiers granted convalescent leave for illness or injury incurred in line of duty while eligible for receipt of hostile fire and imminent danger pay under section 310, title 37, United States Code (37 USC 310) are entitled to funded travel and transportation per JFTR, paragraph U7210.

5–6. Steps to grant convalescent leave to soldiers assigned or attached to a medical treatment facility

The steps to grant convalescent leave to soldiers assigned or attached to an MTF are shown in table 5–3.

Section IV. Task: Granting Convalescent Leave When Soldiers Return to Unit After Illness or Injury

5–7. Rules to grant convalescent leave when soldiers return to unit after illness or injury

- a.* Unit commanders may grant up to a maximum of 30 days convalescent leave during one continuous period to soldiers who have been returned to duty after illness or injury. This period is extended to 42 days following pregnancy and childbirth. (Beyond 42 days, hospital commander is the only approval authority.)
- b.* Prior to approval—
 - (1) Obtain supporting recommendation from physician.
 - (2) Verify what, if any, convalescent leave soldier has had while assigned or attached to hospital, only that portion is authorized which, when added to hospital-approved leave, will not exceed 30 days or 42 days if the reason is pregnancy and childbirth.
 - (3) Require confirmation of attending physician's recommendation for convalescent leave from the hospital commander having administrative responsibility, if desirable.
- c.* Leave is authorized (ordinary, advance, excess, as applicable) for period between expiration of convalescent leave and soldier's return to parent organization when distance prevents immediate return.
- d.* Soldiers are authorized 42 days after pregnancy and childbirth and—
 - (1) If soldier voluntarily desires to return to duty after less than 42 days leave, physician must approve.
 - (2) A commander may require early return of a soldier if that soldier's absence will

clearly have an adverse impact on readiness or operational mission of the soldier's unit. A cognizant military health authority must determine that such action is medically acceptable.

e. Paragraphs 5–3 and 5–4 are applicable when using convalescent leave.

f. Soldiers granted convalescent leave for illness or injury incurred in the line of duty while eligible to receive hostile fire and imminent danger pay under 37 USC 310 are entitled to funded travel and transportation under 37 USC 411a (para 5–9).

5–8. Steps to grant convalescent leave when soldiers return to unit after illness or injury

The steps to grant convalescent leave when soldiers return to unit after illness or injury are shown in table 5–4.

Section V. Task: Using Convalescent Leave Travel for Illness or Injury Incurred in Line of Duty

5–9. Rules to use convalescent leave travel for illness or injury incurred in line of duty

Soldiers granted convalescent leave for illness or injury incurred in line of duty while eligible to receive hostile fire and imminent danger pay under 37 USC 310 are entitled to funded travel and transportation under 37 USC 411a (see JFTR, Vol 1, U7210).

5–10. Steps to use convalescent leave travel for illness or injury incurred in the line of duty

The steps to use convalescent leave travel for illness or injury incurred in the line of duty are shown in table 5–5.

...

Section VII. Task: Sick-in-Hospital, a Nonchargeable Absence

5–13. Rules for sick-in-hospital

a. This status is used for periods of hospitalization.

b. Soldier is excused from duty.

c. Soldiers on leave who are hospitalized while on leave will not be charged leave for that period.

d. Duty status changes to sick-in-hospital.

e. Unless otherwise directed by the commander who originally granted leave, soldiers revert to leave status for the unexpired portion of leave upon completion of hospitalization.

f. Subsisting out status (status under sick-in-hospital) may be used for acute patients who are hospitalized and receiving medical care. The patient is allowed to live outside the MTF in a subsisting out status. (This status is used to tell the difference between the number of days spent outside the MTF from occupied bed days.) The MTF commander is the approval authority. See AR 40–3, chapter 6, for additional information.

g. Soldiers are exempt from paragraph 5–13 and table 5–7 if in an involuntary excess leave status awaiting punitive discharge unless excess leave status is terminated.

Revised Pregnancy and Postpartum Physical Profiles

Paragraph 7-9, AR 40-501 is superceded by the following guidelines:

7-9. Profiling Pregnant Soldiers

a. Intent. The intent of these provisions is to protect the fetus while ensuring productive utilization of the soldier. Common sense, good judgement, and cooperation must prevail between policy, soldier, and soldier's commander to ensure a viable program. This profile has been revised from the previous profile published in the 1995 edition of this regulation. This revision includes mandating an occupation health interview to assess risks to the soldier and fetus and adding additional restrictions to reduce exposure to solvents, lead, and fuels, which may be associated with adverse pregnancy outcomes.

b. Responsibilities.

(1) *Soldier.* The soldier will seek medical confirmation of pregnancy and will comply with the instructions of medical personnel and the individual's unit commander.

(2) *Medical personnel.* A physician will confirm pregnancy and once confirmed will initiate prenatal care of the soldier and issue a physical profile. Nurse midwives or nurse practitioners are authorized to issue routine or standard pregnancy profiles for the duration of the pregnancy. An occupational history will be taken at the first visit to assess potential exposures related to the soldier's specific MOS. This history is ideally taken by the occupational medicine physician or nurse. However, if this is not feasible, the profiling officer must complete the occupational history. After review of the occupational history, the profiling physician, in conjunction with the occupational health clinic as needed, will determine whether any additional occupational exposures, other than those indicated in the paragraphs below, should be avoided for the remainder of the pregnancy. Examples include but are not limited to hazardous chemicals, ionizing radiation, and excessive vibration. If the occupational history or industrial hygiene sampling data indicates significant exposure to physical, chemical, or biological hazards, then the profile should be revised to restrict exposure from these workplace hazards.

(3) *Unit commander.* The commander will counsel all female soldiers as required by AR 600-8-24 or AR 635-200. The unit commander will consult with medical personnel as required. This includes establishing liaison with the occupational health clinic and requesting site visits by the occupational health personnel if necessary to assess any work place hazards.

c. Physical profiles.

(1) Profiles will be issued for the duration of the pregnancy. The MTF should ensure that the unit commander is provided a copy of the profile, and advise the unit commander as required. Upon termination of pregnancy, a new profile will be issued reflecting revised profile information. Physical profiles will be issued as follows:

(2) Under factor "P" of the physical profile, indicate "T-3."

(3) List diagnosis as "pregnancy, estimated delivery date_____."

d. Limitations. Unless superseded by an occupational health assessment, the standard pregnancy profile, DA Form 3349, will indicate the following limitations:

(1) Except under unusual circumstances, the soldier should not be reassigned to overseas commands until pregnancy is terminated. (See AR 614-30 for waiver provisions and for criteria curtailing OCONUS tours.) She may be assigned within CONUS. Medical clearance must be obtained prior to any reassignment.

(2) The soldier will not receive an assignment to duties where nausea, easy fatigue, or sudden lightheadedness would be hazardous to the soldier or others, to include all aviation duty, Classes 1/1A/2/3. (However, there are specific provisions in para 4-13c, which allow the aircrew member to request, and be granted permission to remain on flight status. ATC personnel may continue ATC duties with approval of the flight surgeon, obstetrician, and ATC supervisor.)

(3) Restrict exposures to military fuels. Pregnant soldiers must be restricted from assignments involving frequent or routine exposures to fuel vapors or skin exposure to spilled fuel such as fuel handling or otherwise filling military vehicles with fuels such as mogas, JP8, and JP4.

(4) No weapons training in indoor firing ranges due to airborne lead concentrations and bore gas emissions. Firing of weapons is permitted at outdoor sites. (See para 7-9d(11) for other weapons training restrictions.) No exposure to organic solvent vapors above permissible levels. (For example, work in ARMS room is permitted if solvents are restricted to 1999 MIL-PRF-680, de-greasing solvent.)

(5) No work in the motor pool involving painting, welding, soldering, grinding and sanding on metal, parts washing, or other duties where the soldier is routinely exposed to carbon monoxide, diesel exhaust, hazardous chemicals, paints, organic solvent vapors, or metal dusts and fumes (for example, motor vehicle mechanics). This does not apply to pregnant soldiers who perform preventive maintenance checks and services (PMCS) on military vehicles using impermeable gloves and coveralls, nor does it apply to soldiers who do work in areas adjacent to the motor pool bay (for example, administrative offices) if the work site is adequately ventilated and industrial hygiene sampling shows carbon monoxide, benzene, organic solvent vapors, metal dusts and fumes do not pose a hazard to pregnant soldiers. (See para 7-9d(11) for PMCS restrictions at 20 weeks of pregnancy.)

(6) The soldier should avoid excessive vibrations. Excessive vibrations occur in larger ground vehicles (greater than 1 1/4 ton) when the vehicle is driven on unpaved surfaces.

(7) Upon the diagnosis of pregnancy, the soldier is exempt from the regular physical training (PT) program of the unit, and exempt from PT testing. Pregnant soldiers are encouraged to participate in a pregnancy PT programs, where available. If they participate in a pregnancy PT program, they should obtain the profiling officer's approval prior to beginning the program. Although most women may exercise safely throughout pregnancy and postpartum within the American College of Obstetrics and Gynecology (ACOG) guidelines, many unit-training personnel are not familiar with leading exercises for pregnant/postpartum soldiers, nor are they familiar with the ACOG guidelines. There is no standardized Army-wide program for pregnancy/postpartum physical training. The Army is developing a standardized program for pregnant and postpartum soldiers. However, at this time, PT during pregnancy is voluntary on the part of the soldier and will not be mandated. The soldier is exempt from wearing of load bearing equipment, including web belt.

(8) The soldier is exempt from all immunizations except influenza and tetanus-diphtheria, and exempt from exposure to all fetotoxic chemicals noted on the occupational history form. The soldier is exempt from exposure to chemical warfare and riot control agents (for example, nuclear, biological, and chemical training) and wearing MOPP gear at any time.

(9) The soldier may work shifts.

(10) The soldier must not climb or work on ladders or scaffolding.

(11) At 20 weeks of pregnancy, the soldier is exempt from standing at parade rest or attention for longer than 15 minutes. The soldier is exempt from participating in swimming qualifications, drown proofing, field duty, and weapons training. The soldier should not ride in, perform PMCS on, or drive vehicles larger than light medium tactical vehicles due to concerns regarding balance and possible hazards from falls.

(12) At 28 weeks of pregnancy, the soldier must be provided a 15-minute rest period every 2 hours. Her workweek should not exceed 40 hours and the soldier should not work more than 8 hours in any one day. The duty day begins when reporting for formation or duty and ends 8 hours later.

e. Performance of duty. A woman who is experiencing a normal pregnancy may continue to perform military duty until delivery. Only those women experiencing unusual and complicated problems (for example, pregnancy-induced hypertension) will be excused from all duty, in which case they may be hospitalized or placed sick in quarters by medical profiling authority. Medical personnel will assist unit commanders in determining duties.

f. Sick in quarters. A pregnant soldier will not be placed sick in quarters solely on the basis of her pregnancy unless there are complications present which would preclude any type of duty performance.

Paragraph 7-10, AR 40-501 is superceded by the following guidelines

7-10. Postpartum profiles

- a. Convalescent leave (as prescribed by AR 600-8-10) after delivery will be for a period determined by the attending physician. This will normally be for 42 days following normal pregnancy and delivery.
- b. Convalescent leave after a termination of pregnancy (e.g. miscarriage) will be determined on an individual basis by the attending physician.
- c. Prior to commencing convalescent leave, postpartum soldiers will be issued a postpartum profile. The temporary profile will be for 45 days. It begins on the day of birth or termination of pregnancy and will allow PT at the soldier's own pace. If a soldier decides to return early from convalescent leave, the temporary profile remains in effect for the entire 45 days.
- d. Soldiers will receive clearance from the profiling officer to return to full duty.
- e. In accordance with DOD Directive 1308.1, postpartum soldiers are exempt from the APFT for 180 days following termination of pregnancy. They are expected to use the time in preparation for the APFT after receiving clearance from their physician to resume PT.
- f. The above guidance will only be modified if, upon evaluation of a physician, it is determined that the postpartum soldier requires a more restrictive or longer profile because of complicated or unusual medical problems.

FM 21-20
Physical Fitness Training

Temporary Profiles Chapter 14

Page 14-20

A soldier with a temporary profile must take the regular three-event APFT after the Profile has expired, (Soldiers with temporary profiles of more than three months may take an alternate test as determined by the commander with input from health-care personnel.) Once the profile is lifted, the soldier must be given twice the time of the profile (but not more than 90 days) to train for the APFT. For example, if the profile period was 7 days, the soldier has 14 days to train for the APFT after the profile period ends. If a normally scheduled APFT occurs during the profile period, the soldier should be given a mandatory make-up date.

AR 600-9 (1 Sep 86)
The Army Weight Control Program

21. Procedures

k. (1) (c). Personnel who meet the AR 600-9 standards and become pregnant will be exempt from the standards for the duration of the pregnancy plus the period of convalescent leave after termination of pregnancy. They will be entered in a weight control program, if required, after completion of convalescent leave and approval of a medical doctor that they are fit for participation in a weight control program. This procedure also applies to individuals in a medical holding unit who have been hospitalized for long periods. Soldiers entered/reentered in a weight control program after pregnancy, prolonged treatment, or hospitalization will be considered to be in a new weight control program. Paragraph 21 k of this regulation will not apply at that time.

22. Reenlistment criteria

b (1) (b). Pregnant soldiers (except those soldiers who have medical conditions as listed in para 21d) who are otherwise fully qualified for reenlistment, including those with approved waivers, but who exceed acceptable standards prescribed in this regulation, will be extended for the minimum period which will allow the birth of the child plus 6 months. A clearance from the doctor that the soldier is medically fit to participate in a Weight Control Program is required. Authority, which will be cited on DA Form 1695 (Oath of Extension of Enlistment), is AR 601–280, paragraph 3–3. On completion of the period of extension, the soldier will be reevaluated under paragraph 21.

Department of Defense Directive 1308.1 (July 20, 1995)

DoD Physical Fitness and Body Fat Program

1. REISSUANCE AND PURPOSE

This Directive reissues reference (a) to update policy and responsibilities governing physical fitness and body fat standards in the Armed Forces.

...

4. POLICY

It is DoD policy that physical fitness is essential to combat readiness and is an important part of the general health and well-being for Armed Forces personnel. Individual Service members must possess the cardio-respiratory endurance, muscular strength and endurance, and whole body flexibility to successfully perform in accordance with their Service-specific mission and military specialty. Those qualities, as well as balance, agility, and explosive power, together with levels of body composition, form the basis of the DoD Physical Fitness and Body Fat Program.

...

4.3. Medical Screening. The Military Services' medical examination programs shall include a system to identify those personnel with a potential high risk for cardiovascular disease. Personnel with an abnormal risk shall be placed on a monitored exercise program only after consultation with medical authorities.

...

4.3.2. Pregnancy. Pregnant Service members shall not be held to the standards of fitness and body fat testing until at least 6 months after pregnancy termination. When initially informed of the pregnancy, the Service member shall continue her physical fitness program, but under the supervision of medical authority. It is recommended that the Services offer at each base or installation a pregnancy physical fitness program to help women maintain a level of physical fitness during their pregnancies. Pregnant Service members shall be provided a physical fitness program that assists them in returning to their previous levels of physical fitness before the pregnancy.

...

Post Partum Soldiers and the Physical Fitness and Weight Control Program

Message, DA, WASHINGTON, D.C. DAPE-HR-PR, 23 Jan 96,
Subject: Post Partum Soldiers and the Physical Fitness and Weight Control Program.

- A. DOD DIRECTIVE 1308.1 DOD PHYSICAL FITNESS AND BODY FAT PROGRAM, JULY 20,1995
- B. AR 40-501, STANDARDS OF MEDICAL FITNESS
- C. AR 600-9, ARMY WEIGHT CONTROL
- D. AR 350-41, CHAPTER 9, PHYSICAL FITNESS

1. Female soldiers who meet the Army weight control standards and become pregnant will be exempt from the standards for the duration of the pregnancy plus 6 months following pregnancy termination. Such soldiers, even if exceeding the screening weight for height table or body fat standards of AR 600-9, 10 October 1986, will not be considered overweight and will not be flagged, unless some other basis for a flag exists. Such soldiers, if on a promotion list, will be in a promotable status, if otherwise qualified. if, after 6 months following pregnancy termination the soldier fails to meet the weight control standards, she will be enrolled in the Army Weight Control Program (AWCP). A physician will medically clear female soldier 6 months following pregnancy termination before they are enrolled in the AWCP.

2. A soldier who is currently on the Army Weight Control Program and becomes pregnant will remain flagged for the duration of the pregnancy and for a period of up to 6 months following pregnancy termination. If she does not meet the weight control standards by the end of 6 months and she is medically cleared by a physician, she will continue on the Army Weight Control Program. This is not considered a new enrollment, rather a continuation of her previous pre-pregnancy enrollment. When a soldier is continued in the AWCP, the provisions of paragraphs 2 1 E(2) and 2 1 G, AR 600-9, do not apply for the period of time in the AWCP prior to continuation. A post partum soldier may be measured per ref C at her own request prior to 6 months and if she meets the weight control standards, she will be removed from the Army Weight Control Program.

3. Pregnant soldiers who are otherwise fully qualified for reenlistment, including those with approved waivers, who were not in the AWCP prior to pregnancy, may reenlist or extend, as such soldiers are not considered to be in the AWCP, if their reenlistment date is during the period of pregnancy plus seven months. Pregnant soldiers who are otherwise fully qualified for reenlistment, including those with approved waivers, but who were in the AWCP prior to pregnancy, will be extended for the minimum period that will allow for birth of the child, plus seven months. If such a soldier meets the body composition standard of AR 600-9 during or at the end of the term or extension, the soldier, if still otherwise qualified, will be allowed to reenlist, otherwise, the soldier will be denied reenlistment of extension. The authority for extensions for active duty soldiers in this category, which will be cited on DA form 1695 (oath of extension of enlistment) is AR 601-280, paragraph 4-9H. The authority for ARNGIS and USAR soldiers, which will be cited on DA form 4836, is AR 140-111. Table 3-1, rule 0 or NGB.

4. Upon diagnosis of pregnancy, the soldier is exempt from the regular PT program of the unit and exempt from PT testing, as outlined in Chapter 9, AR 350-41, for the duration of the pregnancy and up to 6 months past pregnancy termination.

5. It is recommended that installations offer pregnancy PT programs to assist pregnant and post partum soldiers in maintaining fitness throughout their pregnancy and to assist them in returning to pre-pregnancy fitness levels after pregnancy termination. Exercise programs must follow the guidelines of the American College of Obstetricians and Gynecologists, and women must be cleared to participate by the physician who confirms the pregnancy, or by the nurse midwife who issued the pregnancy profile (see paragraph 7-9B(2), AR 40-501). If that provider is uncertain as to her pregnancy risk status, then clearance by an obstetric specialist is mandated.

6. Pregnancy PT programs also provide an ideal time for new expectant mothers to interact with "experienced" mothers. It provides an opportunity to educate new mothers-to-be on family care plans, parental responsibilities, nutrition, child care, and other topics. Many installations already provide such programs and find that the combination of exercise and education is highly beneficial to pregnant soldiers.

7. Installations interested in starting pregnancy PT programs should contact the installation Fit-to-Win coordinator, The Army Community Health Nurse, or the Army Physical Fitness School at DSN 835-6381.

8. The HQDA POC for this action is ODSPER DAPE-HR-PR

AR 40–501 (27 February 1998)
Medical Services – Standards of Medical Fitness

Chapter 4. Medical Fitness Standards For Flying Duty

4–13. Genitourinary

The causes of medical unfitness for flying duty Classes 1/1A/2/2F/2S/3 are the causes listed in paragraphs 2–14 and 2–15, plus the following:

c. Uncomplicated pregnancy is not disqualifying, but results in flying duty restrictions. (See APL 12, Pregnancy.) In uncomplicated pregnancies, flying is restricted to synthetic flight simulator training during the entire pregnancy; or multi-crew, multi-engine, non-ejection seat fixed wing aircraft during the 13th through 24th week of gestation. The requirement for physiological training is waived during pregnancy.

d. Complications of pregnancy. (See APL 12, Pregnancy.)

AR 600-20 (15 Jul 99)
Army Command Policy

5-5. Family care plans

a. The DCSPER is responsible for policy on family care plans as follows:

(1) The Army assists the soldier in providing for the care of his or her family members. Mission, readiness, and deployability needs especially affect Active Army (AA), ARNG, and USAR single parents and dual military couples with family members. Plans must be made to ensure family members are properly and adequately cared for when the soldier is deployed, on temporary duty (TDY), or otherwise not available due to military requirements. ARNG and USAR soldiers are subject to those policies and regulations, and will implement plans during any period of absence for annual training, regularly scheduled unit training assemblies, emergency mobilization and deployment, or other type of active duty. Emergency-essential civilians who meet the criteria set forth in paragraph 5-5a are encouraged to have a Family Care Plan which follows the guidelines set forth in this regulation.

(2) DA Form 5305-R (Family Care Plan) is the means by which soldiers provide for the care of their family members when military duties prevent the soldier from doing so. It will include proof that guardians and escorts have been thoroughly briefed on the responsibilities they will assume for the sponsor/soldier and the procedures for accessing military and civilian facilities and services on behalf of the family members of the sponsor/soldier. It will attest that the guardian and escort agreed to provide care and have been provided all necessary legal authority and means to do so.

(3) As a minimum, proof will consist of the following attachments to DA Form 5305-R: DA Form 5841-R (Power of Attorney) or equivalent delegation of legal control (unsigned until deployment), DA Form 5840-R (Certificate of Acceptance as Guardian or Escort), DD Form 1172 (Application for Uniformed Services Identification Card DEERS enrollment) for each family member (note: AR-600-8-14 directs that ID cards will be issued for children under age 10 who reside with a single parent or dual military couple), DD Form 2558 (Authorization to start, stop, or change an allotment for Active Duty or Retired Personnel; unsigned until deployment), or other proof of financial support arrangements; and a letter of instruction to the guardian/escort (see DA Form 5304-R (Family Care Plan Counseling Checklist)).

(4) Soldiers are responsible for implementing the Family Care Plan and thus ensuring the care of their family members. When operational or security considerations prevent the soldier from implementing the plan, it will be used by appropriate military or civilian authorities to obtain care for such family members. DA Form 5305-R may be executed at any time when conditions warrant and family care is necessary due to the required military absence of the soldier. DA Forms 5304-R (Family Care Counseling Checklist), 5305-R, 5840-R, and 5841-R will be locally reproduced on 8 1/2 x 11 inch paper. Copies for local reproduction purposes are at the back of this regulation. These forms will also be available on the USAPA web site and the Army Electronic Library (AEL) CD-ROM.

b. Commanders of AA and RC soldiers, regardless of the soldier's grade, will conduct or arrange for Family Care Plan counseling and require a Family Care Plan be completed when any of the following apply—

- (1) A pregnant soldier who—
 - (a) Has no spouse; is divorced, widowed, or separated; or is residing without her spouse.
 - (b) Is married to another service member of an Active or Reserve component of any service (Army, Air Force, Navy, Marines or Coast Guard).
 - (2) A soldier who has no spouse; is divorced, widowed or separated, or is re-siding apart from his or her spouse; who has joint or full legal and physical custody of one or more family members under the age of 19 or who has adult family member(s) incapable of self-care regardless of age.
 - (3) A soldier who is divorced (not remarried) and who has liberal or extended visitation rights by court decree which would allow family members to be solely in the soldier's care in excess of 30 consecutive days.
 - (4) A soldier whose spouse is incapable of self-care or is otherwise physically, mentally, or emotionally disabled so as to require special care or assistance.
 - (5) A soldier categorized as half of a dual-military couple of the AA or RC of any service (Army, Air Force, Navy, Marines or Coast Guard) who has joint or full legal custody of one or more family members under age 19 or who has adult family member(s) incapable of self-care regardless of age.
- c. Soldiers must arrange for the care of their family members so as to be—
- (1) Available for duty when and where the needs of the Army dictate.
 - (2) Able to perform assigned military duties without interference of family responsibilities.
- d. Enlisted soldiers will be counseled on voluntary and involuntary separation whenever parenthood interferes with military responsibilities (see DA Form 5305-R) under provision of—
- (1) AR 635-200 for AA soldiers.
 - (2) AR 135-178 for USAR and ARNGUS soldiers.
 - (3) AR 135-91 for ARNG soldiers.
- e. Officers will be counseled on voluntary and involuntary separations whenever parenthood interferes with military responsibilities (see DA Form 5305-R) under provision of—
- (1) AR 600-8-24 for AA soldiers and USAR and ARNGUS officers serving on active duty or on active duty for training (ADT) for a period in excess of 90 days.
 - (2) AR 135-175 for ARNGUS and USAR soldiers, except for officers serving on active duty or on ADT for a period in excess of 90 days.
 - (3) NGR 635-101 for ARNG soldiers.
- f. Pregnant soldiers (who meet the criteria established in para 5-5b(1)) will be counseled—
- (1) In the AA, according to AR 600-8-24 for officers and AR 635-200 for enlisted soldiers.
 - (2) In the ARNG and USAR, according to AR 135-91.
 - (3) On costs of maternity care obtained from civilian sources and the limitations concerning maternity care in military medical facilities.
 - (4) Using DA Form 5304-R as soon as pregnancy is identified but not later than 90 days prior to the expected date of birth of the child. Pregnant soldiers should receive Family Care Plan

counseling at the time of pregnancy counseling to ensure the soldier is informed of the responsibilities if she chooses to remain on active duty.

(5) That they must complete and have an approved DA Form 5305-R showing their intentions for family care not later than 60 days prior to the date of the birth of the child. DA Forms 5840-R and 5841-R or other guardianship documents, DD Form 1172, DD Form 2558 will be completed and DA Form 5305-R recertified not later than 45 days following the date of birth of the child.

g. The unit commander—

(1) May designate an authorized representative to conduct Family Care Plan counseling using DA Form 5304-R and to initial and sign the counseling form in the commander's behalf.

(2) Is the sole approving authority for DA Form 5305-R. This responsibility will not be delegated.

(3) May authorize an additional 30 days (60 days total from date of counseling) to all AA soldiers and 60 days (90 days total from the date of counseling) to all RC soldiers for completion, including submission and final approval of DA Form 5305-R with attendant documents.

(4) Must ensure that all required documents are in order, and must be satisfied that the Family Care Plan meets the requirements and appears to be work-able and durable.

(5) Should disapprove DA Form 5305-R if the required attachments are not present unless extenuating circumstances exist.

(6) May consider extenuating circumstances in approving DA Form 5305-R, but must understand that the soldier is considered non-deployable until a Family Care Plan is validated and approved.

(7) Must adequately test the validity and durability of the Family Care Plan, to include contacting the designated guardian(s) prior to final approval or recertification.

(8) Will provide the soldier 30 days from date of the first disapproval to submit additional documentation or evidence to support the Family Care Plan.

(9) Will provide the soldier a reasonable period of time to attempt to rework a Family Care Plan found to be deficient at time of mobilization, processing for overseas movement, or deployment. Ordinarily, a soldier will be afforded at least 30 days to correct deficiencies in a plan unless a shorter period is specified by the unit commander due to the urgency and/or nature of the deployment, or due to the nature of the deficiencies.

(10) May authorize leave per AR 600-8-10 for a deployed soldier to return home when the circumstances beyond the soldier's control preclude the designated guardian from exercising those responsibilities.

(11) Should consider initiating a bar to reenlistment against soldiers who fail to properly manage personal, marital, or family affairs, or who fail to provide or maintain adequate Family Care Plans.

(12) Should consider initiating involuntary separation proceedings against soldiers who fail to provide and maintain adequate Family Care Plans.

(13) Should take action to ensure as commander he or she is aware of other situations which may create changes in the status of his or her soldiers with regards to the soldier's responsibility to support family members. These include but are not limited to the following—

(a) Death or disability of spouse.

(b) Legal separation when initial agreements have identified the soldier as custodial parent or guardian of one or more family members.

(c) Divorce proceedings awarding joint or full custody of family members to the soldier.

(d) Court decrees awarding visitation rights to the soldier, for more than 30 consecutive days at a time, and the soldier has not remarried.

(e) Adoption.

(f) Assumption of foster care responsibilities.

(g) Guardianship agreement for children or adults incapable of self-care to temporarily or permanently reside with the soldier.

(h) Extended periods of absence by the spouse for schooling, hospitalization, employment, etc.

(i) Expiration of current power of attorney, change in guardianship due to PCS, change of temporary care provider, etc.

h. Individual Ready Reserve (IRR), Individual Mobilization Augmentee (IMA), Standby Reserve, Category I and II retirees, and Inactive National Guard personnel who meet the criteria outlined in paragraph 5-5b (1) through (5) are required to maintain valid Family Care Plans to ensure their availability for active duty during a mobilization. Therefore—

(1) CG, Army Reserve Personnel Command (ARPERSCOM) will establish specific procedures for counseling, submission, validation, and recertification of Family Care Plans for USAR personnel and category I/II retirees.

(2) Director, Army National Guard will establish specific procedures for the counseling, submission, validation, and recertification of Family Care Plans for Inactive National Guard personnel.

i. All married soldiers who have family members are encouraged to complete and maintain a Family Care Plan even if not specifically required to do so by this regulation. To do so assists the spouse, commander, rear detachment commander, Family Assistance Center, or next of kin providing care for dependent family members in the event the spouse is injured, ill, incapacitated, or otherwise unable to provide care for the dependent family member. Counseling of such is also encouraged.

j. Soldiers must use the utmost care and consideration in the designation of guardians to care for family members.

(1) Guardians should be persons whom the soldier would have no reservations entrusting the total welfare of his/her children or other family members. Guardians should be persons who are able to exercise that responsibility over extended periods of time, if necessary.

(2) Soldiers have the responsibility to thoroughly brief guardians on arrangements made by the soldier, location of all pertinent documents, and procedures for accessing military and civilian facilities, services, entitlement and benefits on behalf of the dependent family members. Guardians should be made aware that such designation does not authorize them access to any of the military facilities, services, entitlement, or benefits for personal use, but only as agent for the dependent family members for which they have been designated guardian. Installation commanders are authorized to issue agents' letters to designated guardians upon request and

presentation of proper documentation (such as DA Form 5841-R, DA Form 5840-R, child(ren)'s ID cards, or application for same).

(3) Note: If the guardian is located in an overseas area other than where the soldier is stationed, family member's attendance at Department of Defense Dependent Schools (DODDS) and other schools may require an exception to policy due to lack of command sponsorship. The soldier and/or guardian must request the exception; it is not automatic.

k. Procedures for completing DA Form 5304-R and DA Form 5305-R. For all assignments, continental United States (CONUS) and outside the continental United States (OCONUS):

(1) DA Form 5304-R will be used for counseling soldiers who fall into categories outlined in paragraph 5-5b as soon as possible upon arrival at the unit of assignment, and will be initialed and signed—

(a) During unit inprocessing, after any event requiring completion of a Family Care Plan, or at pre-deployment processing (PDP).

(b) By pregnant soldiers not later than 90 days prior to the expected date of birth of the child.

(c) By single parents and dual-military couples with family members.

(d) By both members of the dual-military couple and the respective commanders or designated representative. This assures both unit commanders that soldiers and their military spouses have made necessary arrangements for the escort, temporary, and primary guardianship responsibilities for family member. Dual-military couple soldiers with family members will be counseled together when practicable.

(e) By unit commander or designated representative and held in the unit suspense files pending completion of DA Form 5305-R. It will be returned to the soldier when no longer needed for suspense action.

(2) DA Form 5305-R will be—

(a) Completed and approved within 30 days for AA soldiers and 60 days for ARNG and USAR soldiers from the date of counseling.

(b) Signed by both members of a dual-military couple and, if possible, both commanders. The same plan should be submitted by both members of the dual-military couple, and neither member should be identified in the plan as the temporary or long-term guardian. Once both commanders have approved and signed the plan, the commander whose soldier is least likely to deploy should retain the original plan and forward a copy of the complete plan to the other commander. If both members are equally likely to deploy, but one is a soldier and the spouse is a member of another service, the original plan should be kept on file in the soldier's unit and a copy forwarded to the spouse's unit. If both are soldiers and equally likely to deploy, it is inconsequential which commander has the original copy of the plan.

(c) Recertified at least annually by initialing and dating the DA form 5305-R. This must be done during the anniversary of the soldier's birth month, after any change of circumstance requiring a change in the Family Care Plan, or whenever the soldier is mobilized, deployed, or processed for pre-deployment. Commanders should ensure that all information is current and all documents are still up-to-date and legally valid.

(3) OCONUS assignment and deployment procedures are as follows:

(a) All single parent and dual-military couples with family members who receive assignment instructions for an OCONUS assignment must be counseled again and must have

their DA Form 5305-R recertified not later than 30 days before the final out-processing date at the losing installation. If an adequate Family Care Plan is not submitted within 30 days, the soldier is not considered deployable, will not depart the command, and the commander will consider initiating involuntary separation proceeding. A copy of the approved DA Form 5305-R will be filed in the soldier's out-processing file. A copy of the DA Form 5305-R will be placed in the Military Personnel Records Jacket (MPRJ) as a transfer document. The losing unit commander will retain a copy for 90 days after the soldier departs.

(b) Soldiers must arrange for an escort and transportation for family members and a guardian in CONUS or United States territory to care for their family members in the event their family members are evacuated from OCONUS. If Noncombatant Evacuation Operation (NEO) procedures are not initiated and soldiers are alerted for deployment, soldiers residing in government quarters may request approval for guardians to reside in those quarters in their absence. NEO standing operations should make maximum use of Family Care Plans to ensure successful operations. Soldiers may also request that they, as a single parent or one member of a dual-military couple, be authorized to personally escort family member back to CONUS-located guardian. They will be given the opportunity provided time allows and advanced return or early return of family member paperwork is initiated per local command policies, the Joint Federal Travel Regulation, and Defense Foreign Clearance Guide guidance.

(c) Soldiers unable to provide the unit commander with the required DA Form 5305-R and attendant documents will be ineligible for overseas assignment. They should be considered for processing for separation from military service. Policies regarding eligibility for overseas assignment are contained in AR 614-30.

(d) Enlisted soldiers without adequate Family Care Plans should be considered for separation processing by their unit commanders under the following regulations:

1. AR 635-200 for AA soldiers.
2. AR 135-178 for ARNGUS and USAR soldiers.
3. AR 135-91 for ARNG soldiers.

(e) Officers without adequate Family Care Plans should be considered for separation processing by their unit commanders under the following:

1. AR 600-8-24 for AA soldiers.
2. AR 135-175 for ARNGUS and USAR soldiers.
3. NGR 635-101 for ARNG soldiers.

(f) ARNGUS and USAR soldiers performing duty on an active duty status (AT, ADT, ADSW, TTAD, AGR, etc.) OCONUS must re-certify DA Form 5305-R with attendant documents before embarkation to show that adequate care for their family members has been provided for during their absence and in the event that their return to CONUS is delayed. Soldiers unable to provide the required documentation will not deploy to perform AT OCONUS.

1. DA Form 5305-R with attachments will be filed in the unit files and destroyed 90 days after the soldier departs on permanent change of station (PCS) orders. In CONUS and OCONUS if the PCS move is a "same-installation" move and the soldier can maintain the same Family Care Plan, the soldier will be allowed to take the original DA Form 5305-R to the gaining unit and need not generate a new DA Form 5305-R. The gaining commander should certify the existing DA Form 5305-R when the soldier arrives in the new unit.

(1) Provide a copy of the DA Form 5305-R to the soldier, dual-military couple spouse, and dual-military spouse's commander.

(2) Place a copy of the DA Form 5305-R in the MPRJ which accompanies the departing soldier to the gaining unit.

(3) Ensure that in the event of deployment, the Family Care Plan files remain with the rear detachment, or if no rear detachment remains, with the Family Assistance Center servicing the departing unit. ARNG and USAR commanders must ensure Family Care Plan files are transferred to State Area Command (STARC)/Regional Support Command (RSC)/General Officer Command (GOCOM) before departing home station.

m. A copy of DA Form 5305-R with copies of DA Form 5840-R, 5841-R, and/or other appropriate documents will be provided to the Child Development Center (CDC) if the CDC certified home care provider is designated as temporary guardian. AR 608-10 paragraph 2-13a requires that a copy of DA Form 5305-R be on file at the military CDC if the soldier's family members are enrolled in the day care or ex-tended care program.

n. Commanders must stress the soldier's obligation to both the military and to his/her family members. Moreover, they must ensure soldiers understand they will not receive special consideration in duty assignments or duty stations based on their responsibilities for family members unless enrolled in the Exceptional Family Member Program (EFMP). (See AR 608-75 for more information.) The main evidence that soldiers have made adequate arrangements for the care of their dependent family members will be the execution of DA Form 5305-R with its attendant document listed below:

(1) DA Form 5841-R, special power of attorney or other legal documents designating escort, temporary and primary guardian(s) (unsigned until the soldier is deployed).

(2) Notarized DA Form 5840-R from person(s) named in power of attorney.

(3) Completed DD Form 1172 for each family member.

(4) Completed DD Form 2558 (unsigned until deployment) or proof of other adequate financial arrangements for care of family members.

(5) Letters of instructions containing additional pertinent information for escorts, temporary or long-term guardians (see DA Form 5840-R).

o. Commanders will encourage soldiers to consult with a legal assistance attorney about having a will prepared. The Family Care Plan does not require a will, and soldiers will not be ordered to obtain a will. When a will is prepared, it will not be retained in the unit files. Soldiers will be encouraged but not required to ensure that information regarding the location of a soldier's will is contained in the Family Care Plan.

p. AA commanders will continue to use the Family Care Counseling Report (SIDPERS AAC-C43) until such time as SIDPERS 3 comes on line.

q. Maximum feasible testing of the validity and durability of Family Care Plans will be accomplished (for example, during exercises, alerts, PDP, mobilization, deployment, annual training, and other unit activities) to ensure information in a soldier's DA Form 5305-R is correct, up-to-date, and workable. Family Care Plans found to be invalid during the above testing

will be revised/recertified within 30 days of the finding. For ARNG and USAR soldiers, it will be revised/recertified within 60 days unless mobilization mission requirements preclude authorizing that amount of time.

DA PAM 600-8
Family Care Counseling

9-10. Procedure 9-6 family care counseling

Procedure 9-6 covers the family care counseling.

- a. Primary references are AR 600-20 and 614-30.
- b. Forms used are DA Form 2496, 5304-R, and 5305-R.
- c. This procedure supplements AR 600-20 and AR 614-30.
- d. All officer personnel with less than 3 years active Federal service and all enlisted personnel, regardless of years of service, in the categories listed below must be counseled regarding their responsibilities to the service. Additionally, enlisted personnel will be required to submit a Family Care Plan to the unit commander which if not approved will be forwarded through command channels to the approving authority for evaluation and disposition. The unit commander has authority to approve Family Care Plans.
- e. The unit commander will identify
 - (1) Army service members who are married to other service members and have minor family members (under age 18).
 - (2) Army service members who are sole parents or sole guardian of minor family members. This includes service members having sole custody of children because of divorce, legal separation, because spouse is not residing permanently with service member, or because spouse is not capable of self-care.
 - (3) Single Army service members and Army service members who are married to other service members and have responsibility for the care of family members who are unable to provide for themselves (e.g., handicapped, infirm), regardless of age.
- f. Commanders are required to identify service members of their command who have family members, as indicated above, and counsel them regarding their rights and entitlements, responsibilities to the service, and their responsibilities for the care and welfare of family members. Additionally
 - (1) Enlisted service members will be counseled regarding the involuntary separation provisions in paragraph 5-8, AR 635-200, which should be invoked whenever parenthood interferes with military responsibilities.
 - (2) Enlisted service members will be counseled regarding the provisions of AR 601-280, paragraphs 6-4c and 6-4d (14), for bars to reenlistment for failure to provide and approved Family Care plan or for failure to manage family affairs.
 - (3) Officers will be counseled regarding the provisions of AR 635-100, chapter 3, section XV, and section IV, chapter 5, and AR 635-120, chapter 4.

(4) Single member sponsors and in-service couples with dependent family members who have received assignment instructions for an overseas assignment and plan to take their family members will be counseled that

(a) They must arrange for a guardian to care for their dependent family members in CONUS if their family members should be evacuated.

(b) Prior to departure, members required to sign a DA Form 5304-R will be required to provide the name, address, and phone number of a person designated as guardian to care for dependent family members.

(c) The balance of the family care plan will be completed upon arrival at the new overseas unit

(d) personnel who are unable to provide required names will be ineligible for family travel and will be deployed on "all others" tours. Such members if careerists will be barred from reenlistment.

(e) Enlisted personnel who are unable to deploy because of parental responsibilities will be processed for separation under AR 635-200, paragraph 5-8, and officers will be processed for separation under AR 635-100, paragraph 5-12.

g. Military personnel records and documents containing information of a personal nature will be stored, handled, and transmitted according to AR 340-17 and AR 640-10. Information of a personal nature may be disclosed or released under applicable directives only to authorized personnel according to AR 340-17 and AR 340-21 series. Disposition of documents will be in accordance with applicable directives or by destruction when the purpose for which authorized has been served. Destruction should be by burning, shredding, or other appropriate method.

h. The following actions will be take for family care counseling:

Step: 1

Action required by: Unit Cdr Bn PAC/MILPO

Description of actions: Identify officer personnel with less than 3 years service and enlisted personnel, regardless of number of years of service who are -

- a. Married to other service members and have minor family members (under age 18).
- b. Married to other service members and have responsibility for the care of family members who are unable to provide for themselves (e.g., handicapped, infirm), regardless of age.
- c. Sole parents or sole guardian of minor family members. This includes service members having sole custody of children because of divorce, legal separation, because spouse is not residing permanently with service member, or because spouse is not capable of self-care.
- d. Sole parents or sole guardians, as indicated in paragraph c, above, of family members who are unable to provide for themselves (e.g., handicapped, infirm), regardless of age.

Step: 2

Action required by: Unit/Bn PAC clerk/ PSNCO

Description of actions: Notify service member(s) of date, time and place of counseling appointment.

Step:3

Action required by: Unit Cdr

Description of actions: Review pertinent portions of referenced publications. Seek assistance of your Bn PAC/PSNCO to accomplish this task.

Step: 4

Action required by: Unit Cdr

Description of actions: Counsel service member(s). Check off each item on checklist as information is presented.

- a. For enlisted personnel
 - (1) Explain to the service member
 - (a) The requirements of each item on the DA Form 5304-R.
 - (b) What the consequences will be if the completed plan is inadequate or is not returned in sufficient time to be processed within the 2 month criterion.
 - (c) Establish a suspense date (45 days from the date of counseling) for return of the completed DA Form 5305-R.
 - (2) Sign all copies of DA Form 5304-R.
 - (3) Obtain soldier's signature on all copies of the DA Form 5304-R (E-6 and below).
- b. For the officer personnel, explain to the officer the requirements of each item on the DA Form 5304-R and what the consequences will be if he/she does not maintain a personal Family Care Plan.

Step: 5

Action required by: Unit/Bn PAC clerk

Description of actions: File DA Form 5304-R in unit files.

Step: 6

Action required by: Unit Cdr

Description of actions: Upon receipt of DA Form 5305-R for enlisted personnel in grade E-6 and below either approve or disapprove the Family Care Plan

- a. If the Family Care Plan is approved sign the DA Form 5305-R and provide a copy to the individual.
- b. If the Family Care Plan is disapproved inform the individual of your decision. Recommendations for disapproval, with full justification, will be forwarded through channels to the officer exercising Special Court Martial authority.

Step: 7

Action required by: Special Court Martial Authority

Description of actions:

- a. Either approve or disapprove the Family Care Plan.
- b. If the plan is approved return the plan to the Unit cdr.
- c. If the plan is disapproved forward the plan to the officer exercising General Court Martial Authority.

Step: 8

Action required by: General Court Martial Authority

Description of actions: Evaluate the Family Care Plan. Approve or disapprove plan. If disapprove, record reasons on return reply. Have plan returned to Unit Cdr.

Step: 9

Action required by: Unit commander

Description of actions: If DA Form 5305-R has been approved, notify soldier.

Step: 10

Action required by: Unit commander

Description of actions: If DA Form 5305-R has been disapproved, notify soldier and take action in accordance with paragraph chap. 6, AR 601-280.

Step: 11

Action required by: Unit commander

Description of actions: Establish procedures to ensure DA Form 5305-R is recertified during soldier's birth month.

Step: 12

Action required by: Unit/Bn PAC clerk

Description of actions: File DA Form 5305-R in unit files.

Single Parents/Guardians
Information Paper

TAPC-EPC-0

19 August 1996

SUBJECT: Single Parents/Guardians

1 . Purpose. To provide information pertaining to Army policy on single parents/guardians.

2. Facts.

a. Single parents/guardians are defined as Army members who are sole parents or sole guardians of minor family members because they have no spouse, are divorced, legally separated, widowed, or are residing without their spouse. This includes having sole custody of family members who are unable to provide for themselves (handicapped or infirm), regardless of age.

b. Soldiers will arrange for the care of their family members so as to:

- (1) Be available for duty when and where the needs of the Army dictate.
- (2) Be able to perform assigned military duties without interference.

c. Soldiers will not receive special consideration in duty assignments or duty stations based solely on their responsibility for family members.

d. Enlisted soldiers who are single parents/guardians must have on file with their immediate commander a Family Care Plan Counseling Checklist and a Family Care Plan (AR 600-20, Army, Command Policy).

(1) The Family Care Plan should be submitted to the unit commander within 30 days from the date of counseling.

(2) Unit commanders may approve or disapprove the Family Care Plan in accordance with criteria outlined in AR 600-20. If disapproved, the soldier is afforded 30 days from date of disapproval to establish a workable Family Care Plan. Soldiers unable to establish a workable plan may be processed for separation under the provisions of AR 635-200.

(3) The Family Care Plan will be recertified or revised at least annually. This must be done during the anniversary of the soldier's birth month, after any change of circumstances requiring a change in family care arrangements, or whenever the soldier is mobilized, deployed, or processed for overseas movement.

EMAIL: TAPCEPCO@HOFFMAN-EMH1.ARMY.MIL

SAMPLE Letter of Instruction

LETTER OF INSTRUCTION FOR GUARDIANS AND ESCORTS

I/We [Name of parent(s)], parent(s) of [Name of child(ren)], have made the following arrangements for the care of my/our dependent family members in the event I am/we are not available to provide the proper care due to absence for military service or emergency which would require me/us to be away from them for an extended period of time:

1. [Name of daily CDS child care provider or temporary guardian] has been given legal authority to care for my/our child(ren) until (the designated OCONUS escort can transport the child(ren) or] the long-term guardian(s) can arrive to care for them in this location or can arrive to transport them to the guardian's residence where they will remain until my/our return.

2. I/We have established a special account in [name and location of financial institution] or made other appropriate arrangements to cover the expenses of the escort/guardian(s). (Name, address and phone number of person] has access to that account and will ensure that funds are available.

3. Should it be necessary to contact any of the persons involved in the transportation, support, or care for my/our child(ren), the following information is provided:

[Name, address, phone number],
Designated escort (OCONUS only)

(Name, address, phone number, relationship to sponsor or child (ren)] ,
Designated local, short-term child care provider or child development center

[Name, address, phone number, relationship to sponsor or child (ren)],
Designated long-term guardian(s)

4. [Child(ren)'s name(s)] is/are cared for by the local child care provider listed above during the week between the hours [insert time] and [insert time].

5. Funds required to provide financial support for my/our dependent family member(s) will be provided by allotment to be initiated immediately upon my/our departure, or by financial arrangements outlined in the attached documents.

6. Special documents pertaining to my/our child(ren) such as ID cards, medical records, school records, passports, as well as special instructions on medical prescriptions, allergies, or pertinent information will accompany my/our child(ren), if they are not already in the possession of the escort/guardian(s).

7. Those persons acting in my/our behalf for care of my/our child(ren), and who have sufficient legal authority, copies of certificates of acceptance, and either ID cards or applications for same, should apply to the commander of the nearest military installation for an agent's letter allowing them to access military facilities and services in behalf of my/our child(ren).

8. If, for any reason, the persons designated as escorts or guardians are unable to exercise their responsibilities after my/our departure, please ensure that a Red Cross message is immediately transmitted to my/our unit commander, so that the situation can be rectified as soon as possible. Additional assistance may be obtained from my/our unit rear detachment commander or the Family Assistance Center which services my/our unit. Those addresses are listed below:

Rear Detachment Commander: [Complete unit address, phone numbers, etc.]

Family Assistance Center [Complete installation address, phone numbers, etc.]

9. [Optional] Should it be necessary to settle my/our estate, my/our will (s) and other important documents are located with [name and location of will(s) and other documents].

10. Finally, a complete copy of my/our Family Care Plan with all required attachments is on file in my/our unit headquarters which is located at the same address as shown above for the Rear Detachment Commander.

(Signature block)

NAME

RANK, BRANCH/MOS

SSAN

Unit